

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>8</i>		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>YG</i>	<i>956</i>	<i>10/30/01</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original <i>1-2-28</i>	
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Claim	Date
Final Original <i>1-2-28</i>	
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Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy

*56/900*  
*10/30/01*